

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	BZ	32	3/8
FORMALITY REVIEW	Rm	JL 3 883	03 29 01
RESPONSE FORMALITY REVIEW		EX1	06-29-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral).... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	5/11/01
2	7/17/01
3	7/20/01
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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